Lt. Governor

Charles M. Palmer Director

## **INFORMATIONAL LETTER NO.1067**

Governor

**DATE:** October 28, 2011

**TO:** Iowa Medicaid Habilitation and Home and Community Based Services

(HCBS) Waiver Providers

**ISSUED BY:** Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

**RE:** Extension Due Date for Submission of 2011 Provider Quality

Management Self-Assessment

The 2011 Provider Quality Management Self-Assessment form was initially posted on the IME web page with a new version of MS Word; however, a number of concerns have been received relating to the inability to download the form for use. Due to those concerns the due date has been changed to December 1, 2011. An older version of MS Word has now been posted on the website which may be more compatible for providers. Providers may download the 2011 Provider Quality Management Self-Assessment form in either the new or older version of MS Word. If you continue to experience difficulty in accessing the form, please notify the HCBS QI mailbox at <a href="https://docs.nic.google.com/hcbsqi@dhs.state.ia.us">hcbsqi@dhs.state.ia.us</a>.

As an enrolled provider for one or more of these services, you are required to complete the 2011 Provider Quality Management Self-Assessment. Failure to complete the self-assessment may jeopardize your status as a Medicaid provider of these services.

This system of provider oversight is required of all Medicaid providers for the following services:

- AIDS/HIV Waiver: agency CDAC, respite, adult day care
- Brain Injury Waiver: behavior programming, agency CDAC, respite, supported community living, supported employment, prevocational, IMMT, adult day care, family counseling and training.
- Children's Mental Health Waiver: family and community support services, in-home family therapy, respite
- Elderly Waiver: agency CDAC (including Assisted Living providers), respite, adult day care, case management (if not Chapter 24 accredited)
- Intellectual Disability Waiver (formally known as the MR Waiver): agency CDAC, respite, supported community living, supported employment, prevocational, IMMT, adult day care, day habilitation, residential-based supported community living
- Ill and Handicapped Waiver: respite, agency CDAC, IMMT, adult day care
- Physical Disability Waiver: agency CDAC
- Habilitation Services: day habilitation, home-based habilitation, prevocational habilitation, supported employment habilitation

## **Instructions for Self-Assessment Completion:**

The self-assessment can be found at: <a href="www.ime.state.ia.us/HCBS/ReviewTools.html">www.ime.state.ia.us/HCBS/ReviewTools.html</a>. Each provider must download the assessment from this site and save it as a word document. Each provider will complete only one self-assessment for the HCBS waivers and/or habilitation services they provide, regardless of the number of office locations or services provided. The completed self-assessment must be received by the IME by December 1, 2011. All sections of the self-assessment must be completed in their entirety. Please read the self-assessment instructions carefully.

The responses selected for each of the requirements should accurately reflect the policies currently in place. Selecting "yes" to each of the indicators listed for a requirement indicates that the provider has a current policy that incorporates/identifies each of the indicators listed. If selecting "no" as a response to an indicator, the provider must identify their plan to incorporate the indicator into their policies. Incomplete self-assessments (including Section E) will not be accepted. The provider has 15 days to resubmit the completed self-assessment to the IME.

## **Additional Information:**

If there are more than two office locations, please print additional copies of Section C. After completing all sections of the self-assessment, Sections A, B, C and D should be emailed to: <a href="https://doi.org/ncbsqi@dhs.state.ia.us">hcbsqi@dhs.state.ia.us</a>. In the subject line, identify the provider name and county location of the main/central agency office.

Questions about this letter and/or the Direct Care Workforce Data Collection form should be directed to the HCBS Specialist assigned to the county where the parent agency is located. To locate a list of the regional specialists by county, visit:

www.ime.state.ia.us/docs/HCBS Specialists.pdf.

Sections E and F should be mailed to: Attn: HCBS QI lowa Medicaid Enterprise 100 Army Post Road Des Moines, IA 50315 Or faxed to (515) 725-1360 Attn: HCBS QI